Approved for use through 05/31/2003. OMB 0651-0032
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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	Streptococcus Agalactiae Vaccine				
As the below named inventor(s), I/we declare that:					
This declaration is directed to:					
The attached application, or					
	Application No, filed on,				
	Application No, filed on, as amended on (if applicable);				
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF IN	VENTOR(S)				
Inventor one: Jo	yce J. Evans				
Signature:	Citizen of: U.S.				
Inventor two: P					
Signature:	Citizen of: U.S.				
Inventor three: C	raig A. Shoemaker				
Signature:	Citizen of: U.S.				
Inventor four:					
Signature:	Citizen of:				
☐ Additional invento	rs are being named on additional form(s) attached hereto.				

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 10/31/2002. OMB 0651-0035

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	Application Number					
POWER OF ATTORNEY OR	Filing Date					
	First Named Inventor		Joyce J. E	vans		
AUTHORIZATION OF AGENT	Group Art (Jnit				
	Examiner N	lame				
	Attorney Docket Number 0170.03					
I hereby appoint: Practitioners at Customer Number						
Practitioners at Customer NumberOR	25	712				
□ Practitioner(s) named below:	2.0	7 12				
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Name	Registration Number					
				 		
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as my/our attorney(s) or agent(s) to prosecut business in the United States Patent and Tra	te the applicate the the the the the the the the the t	ation identified ice connected	above, and therewith.	to transact all		
Please change the correspondence address for	the above-ic	entified applica	ation to:			
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I am the:						
☐ Applicant/Inventor.						
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$\ \square$ Assignee of record of the entire interest. See						
Statement under 37 CFR 3.73(b) is enclosed	I. (Form PT	O/SB/96).				
SIGNATURE of Applicant or Assignee of Record						
Name Joyce J. Evans						
Signature						
Date						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
★Total of 3 forms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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	Application No	umber				
POWER OF	Filing Date					
	First Named Inventor		Joyce J. Evans	s		
AUTHORIZA	Group Art Uni	t				
		Examiner Nan	ne			
		Attorney Dock	et Number	0170.03		
I hereby appoint:						
☑ Practitioners at 0	0.55	40				
OR □ Practitioner(s) na	amed helow.	257	12			
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business in the	United States Patent and Tra	demark Office	e connected t	herewith.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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I am the:						
☑ Applicant/Inventer	or.					
- Application	.					
	ord of the entire interest. See					
Statement under	r 37 CFR 3.73(b) is enclosed	I. (Form PTO/S	SB/96).			
SIGNATURE of Applicant or Assignee of Record						
Name	Phillip H. Klesius					
Signature						
Date						
Date					!	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
⊠ *Total of <u>3</u> forms are submitted.						

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DOWED OF ATTORNEY OF			cation Numb	er			
			Filing Date				
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		First Named Inventor		Joyce J.	Evans		
		Grou	p Art Unit				
		Exam	iner Name				
_			ney Docket N	lumber	0170.03		
I hereby appoint:							
Practitioners at 0OR	Customer Number		25712				
□ Practitioner(s) na	amed below:	L	23/12				
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☑ Applicant/Invented	or.						
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	ord of the entire interest. See or 37 CFR 3.73(b) is enclosed			06)			
Statement under						· · · · ·	
SIGNATURE of Applicant or Assignee of Record							
Name	Craig A. Shoemaker						
Signature							
Date							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
☑ *Total of <u>3</u> forms	s are submitted.				*(**		

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